

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 19152
Registrar's No. 122

BIRTH NO. _____		REG. DIST. NO. 336		PRIMARY REG. DIST. NO. 6128		State File No. 19152		Registrar's No. 122	
1. PLACE OF DEATH a. COUNTY Shannon					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shannon				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence, Mo			c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Eminence, MO 1010				
d. FULL NAME OF HOSPITAL OR INSTITUTION None					d. STREET ADDRESS (If rural, give location) 0				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Spencer c. (Last) Banks					4. DATE OF DEATH (Month) (Day) (Year) April 25 1951				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept 9,		9. AGE (in years last birthday) 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Q Shannon County Missouri				12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Lum Banks			13b. MOTHER'S MAIDEN NAME Frankie Summers			14. NAME OF HUSBAND OR WIFE Mary Banks			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mary Banks ADDRESS Eminence, Mo				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) History of exertion which DUE TO (c) was followed by severe chest II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pain & difficult breathing.						INTERVAL BETWEEN ONSET AND DEATH Sudden	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:30P m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Duncan F. Wilson MD					23b. ADDRESS Eminence Mo			23c. DATE SIGNED 5-14-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 27, 51		24c. NAME OF CEMETERY OR CREMATORY Sumners Cem.		24d. LOCATION (City, town, or county) (State) Eminence, Mo			
DATE REC'D BY LOCAL REG. 5-19-51		REGISTRAR'S SIGNATURE Michael Gallen 447			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Duncan home Mtn view Mo				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 22 1951

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No. *2516.*

P. O. Address *NY New York*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.